

# Individual Income Tax Return 1996

## RESIDENT

(FOR USE BY TAXPAYERS WHO HAVE LESS THAN \$100,000 TAXABLE INCOME AND WHO DO NOT ITEMIZE DEDUCTIONS AND DO NOT CLAIM ADJUSTMENTS TO INCOME)

AMD UNP 008 PNT INT

|  |  |           |                                 |  |
|--|--|-----------|---------------------------------|--|
| USE STATE LABEL<br>OTHERWISE PRINT OR TYPE | Name (If joint return, give first names and initials of both)                                  | Last Name | Your social security number     |  |
|  | C/O  |           | Spouse's social security number |  |
|  | Present mailing or home address (Number and street, including apartment number or rural route) |           | Your occupation                 |  |
|  | City, town or post office, State and ZIP code  |           | Spouse's occupation             |  |

|                                  |   |     |    |  |
|----------------------------------|---|-----|----|--|
| HAWAII ELECTION<br>CAMPAIGN FUND | Do you want \$2 to go to the Hawaii Election Campaign Fund? .....   | Yes | No | Note: Checking "Yes" will not increase your tax or reduce your refund. |
|                                  | If joint return, does your spouse want \$2 to go to the fund? ..... | Yes | No |  |

|                  |                          |   |  |  |
|------------------|--------------------------|---|--|--|
| FILING<br>STATUS | (Check only ONE box)     |   |  |  |
|                  | 1                        | <input type="checkbox"/>  | Single   |  |
|                  | 2                        | <input type="checkbox"/>  | Married filing joint return (even if only one had income).   |  |
|                  | 3                        | <input type="checkbox"/>  | Married filing separate return. Enter spouse's social security no. above and full name here. •   |  |
|                  | 4                        | <input type="checkbox"/>  | Head of household (with qualifying person). If the qualifying person is your child but not your dependent, enter this child's name here. ➤ |  |
| 5                | <input type="checkbox"/> | Qualifying widow(er) with dependent child (Year spouse died 19 • ). |  |  |

**Caution:** If you can be claimed as a dependent on another person's tax return (such as your parents'), do not check box 6a, but be sure to check the box below line 11.

|    |                          |          |                          |                |  |  |
|----|--------------------------|----------|--------------------------|----------------|--|--|
| 6a | <input type="checkbox"/> | Yourself | <input type="checkbox"/> | Age 65 or over | Enter number of boxes checked on 6a and 6b ➤ |  |
| 6b | <input type="checkbox"/> | Spouse   | <input type="checkbox"/> | Age 65 or over |  |  |

|                 |                        |  |   |                 |  |   |  |
|-----------------|------------------------|--|---|-----------------|--|---|--|
| 6c<br>and<br>6d | <b>Dependents:</b>     | If more than 6 dependents, use attachment. | 2. Dependent's social security number. If born in 1996, see page 7 of Instructions. | 3. Relationship | 4. No. of months lived in your home in 1996. | Enter number of your children listed 6c ➤ |  |
|                 | 1. First and last name |  |   |                 |  |   |  |
|                 |                        |  |   |                 |  | Enter number of other dependents 6d ➤     |  |
|                 |                        |  |   |                 |  |   |  |
|                 |                        |  |   |                 |  | Add numbers entered in boxes above 6e ➤   |  |
|                 |                        |  |   |                 |  |   |  |

6e Total number of exemptions claimed ..... ➤

|        |   |   |     |  |    |
|--------|---|---|-----|--|----|
| INCOME | 7   | Wages, salaries, tips, etc. (attach Form HW-2; if unavailable, see item 5 on page 8 of Instructions) .....  | 7●  |  | 00 |
|        | 8   | Interest income (complete Part I on page 2 if over \$400) .....   | 8●  |  | 00 |
|        | 9   | Dividends (complete Part II on page 2 if over \$400) .....  | 9●  |  | 00 |
|        | 10  | Unemployment compensation (insurance). ....   | 10● |  | 00 |
|        | 11  | Add lines 7, 8, 9 and 10 ..... <b>Adjusted Gross Income</b> ➤   | 11● |  | 00 |
|        | <b>Caution:</b> • If you can be claimed as a dependent on another person's return, see page 9 of the Instructions and check here. • <input type="checkbox"/><br>• If you are married filing separately and your spouse itemizes deductions, see page 7 of the Instructions. |   |     |  |    |
|        | 12  | <b>Standard deduction.</b><br>If you checked filing status box: { 1, enter \$1,500<br>2 or 5, enter \$1,900<br>3, enter \$950<br>4, enter \$1,650 ..... <b>Standard Deduction</b> ➤   | 12● |  | 00 |
|        | 13  | Line 11 minus line 12. (This line <b>MUST</b> be filled in) .....   | 13● |  | 00 |
|        | 14  | Multiply \$1,040 by the total number of exemptions claimed on line 6e. If you and/or your spouse are blind, deaf, or disabled, check applicable box(es) • <input type="checkbox"/> Yourself • <input type="checkbox"/> Spouse, and see page 9 of Instructions. .... | 14● |  | 00 |
|        | 15  | Line 13 minus line 14. Enter the result (but not less than zero). .... <b>Taxable Income</b> ➤  | 15● |  | 00 |

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Continue on other side

**CAUTION:** You may **NOT** file Form N-13 (you must file Form N-11 or N-12 instead) if any of the following apply to you:

- You are a part-year resident.
- You are married filing a separate return and your spouse itemizes.
- You received any capital gains distributions.

**NOTE:** You may also be required to file Form N-11 or N-12 for other reasons. See page 5 of Instructions.

